

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 12, 2007

ALL COUNTY LETTER NO. 07-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL WELFARE TO WORK COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS
ALL REFUGEE PROGRAM COORDINATORS
ALL FOOD STAMPS COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation Change
☐ Court Order
☐ Clarification Requested by One or More Counties
☐ Initiated by CDSS

SUBJECT: CHANGES TO CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKS) SANCTION POLICIES

REFERENCE: WELFARE AND INSTITUTIONS (W & I) CODE SECTION 11327.5
ALL COUNTY LETTERS (ACL) 06-27, 04-47, AND 03-59

The purpose of this ACL is to further clarify a change to the CalWORKs Welfare-to-Work (WTW) program sanction policies resulting from the passage of Assembly Bill (AB) 1808, Chapter 75, Statutes of 2006, by transmitting revised state forms and notices that have been modified to reflect this change in state statute and by clarifying how this change affects food stamp disqualifications.

As stated in ACL 06-27, AB 1808 amended Section 11327.5 of the W & I Code pertaining to minimum WTW sanction periods for first, second, third, and subsequent financial sanctions for CalWORKs recipients who do not comply with program requirements. These provisions have been repealed and a new provision has been adopted that allows individuals to cure their sanction at any time they perform the activity they previously refused to perform, or another appropriate activity, regardless of the number of times they have been sanctioned. The new provision reads as follows:

“An instance of noncompliance without good cause shall result in a financial sanction. This sanction shall terminate at any point if the noncomplying participant performs the activity or activities he or she previously refused to perform.”

This new provision, which ended WTW durational sanctions, took effect on July 12, 2006. An individual may contact the county and request to cure his or her sanction without having to wait a minimum sanction period. Counties must use the curing process for first sanctions, as outlined in ACL 03-59 and ACL 04-47, to cure all sanctions, which are summarized below.

To stop (cure) a sanction, an individual must:

- Contact the county and inform them of a desire to cure his or her sanction;
- Comply with county requirements to sign a Plan To Stop a WTW Sanction (WTW 29) form, referred to as the “curing plan,” either at a scheduled meeting with the county, or by mail;
- Satisfactorily perform the activity specified in the curing plan until completed, or up to a maximum of 30 calendar days when the activity lasts longer than 30 days, whichever is shorter, from the date the curing plan is signed. If the activity that the individual originally failed to perform is no longer available or appropriate, the county must specify in the curing plan another appropriate activity for the individual to perform. However, for purposes of curing, counties may not assign an activity for a longer period of time than the length of the original activity that brought about the sanction; and
- Successfully complete the curing process. Once this occurs, an individual’s cash aid will be restored on the first day of the month following the date the individual contacted the county about curing his/her sanction in accordance with the Manual of Policy and Procedures (MPP) Sections 44-316.33 and 44-316.331(c).

Once the individual contacts the county, the county must schedule an appointment to meet with the individual to discuss and sign the curing plan within 10 calendar days of: 1) the date the individual speaks with the county to inform them of his or her wish to cure the sanction; or 2) the receipt date of the completed Request to Cure A Welfare To Work Sanction (WTW 31) form, if the county uses this optional form.

Counties are reminded that they are required to provide necessary supportive services, including advance payment of supportive services, pursuant to the MPP Section 42-750.21, to individuals who are participating in activities to cure their sanction. If the county cannot provide these supportive services, an individual has good cause for not participating in the activity to cure his or her sanction. At the time the county determines these supportive services cannot be provided, the individual’s sanction will be considered cured.

This change to state statute should increase the number of individuals who participate in WTW activities which is expected to result in more families achieving self-sufficiency. Therefore, this change should increase the state’s federal work participation rate (WPR) by allowing counties to reengage individuals who have been sanctioned at any time after the sanction has been imposed without having to wait a minimum sanction period. Additionally, this change supports sanction reengagement strategies for counties that employ such program components.

There have been no other changes to the law regarding sanctions. Therefore, counties must follow all other aspects of the sanction process that are not directly related to the duration of sanctions as set out in ACL 03-59 and ACL 04-47. Counties are reminded that they must update their CalWORKs WTW Handbooks, including all translated versions, to reflect this program change.

REVISED FORMS AND NOTICES

The following forms and notices attached to this ACL have been revised for consistency with the changes to the WTW program sanction policies required by AB 1808. These revised forms must be used immediately and old stock destroyed.

- NA 816 Lowering Cash Aid
- NA 817 Changing Your Cash Aid
- NA 818 Taking You Out Of Welfare To Work
- NA 840 Sanctions Of Mandatory Participant/Good Cause/Compliance
- NA 841 Cash Aid Grant Amount
- NA 845 To Keep Your Cash Aid From Being Lowered
- WTW 31 Request To Stop A Welfare To Work Sanction

The CalWORKs Eligibility Bureau is currently revising the following forms which reference durational sanctions:

- CW 215 Notice of Intercounty Transfer
- SAWS 2A QR Rights, Responsibilities and Other Important Information for the Cash Aid and Food Stamps Programs, and/or Medi-Cal State Run County Medical Services Program (CMSP)

Since these changes are still in progress, these forms will be released in a subsequent All County Information Notice.

FOOD STAMP DISQUALIFICATIONS (SANCTIONS)

This change to the CalWORKs WTW program sanction policies does not affect the food stamp disqualification policies. The imposition of a WTW sanction may still result in a food stamp disqualification of one, three, or six months in accordance with MPP Sections 63-407.53 and 63-407.54. However, if at any time during a food stamp disqualification period an individual complies with WTW program requirements by curing the WTW sanction, the food stamp disqualification shall end in accordance with MPP Section 63-407.543, and the individual may reestablish food stamp eligibility by reapplying, if otherwise eligible.

OBTAINING FORMS ELECTRONICALLY

For a camera ready copy of the revised forms in English, contact the Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When translations are completed per MPP Section 21-115.2, they are posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 651-8876.

CalWORKs Forms Coordinators must ensure that the translated forms are made available in each program location. In addition, counties must provide bilingual/interpretive services and written translations to non-English- or limited-English-proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and MPP Section 21-115.

If you have questions or need additional information regarding the information in this letter, please contact your California Department of Social Services, Employment Bureau county consultant at (916) 654-2137.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, as of _____, we are lowering your cash aid from \$_____ to \$_____. Cash aid will stop for you, the family's second parent.

We are lowering your cash aid because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to: _____

We will not pay for transportation, or work- or training-related expenses while you are off cash aid. We may pay for child care, if you work or attend school.

HOW TO GET BACK ON CASH AID

You can get back on cash aid if you are eligible for it by contacting the county and telling them you want your cash aid back; then doing what the county asks.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL _____

The family's other parent, _____, may also get cash aid again if he/she is eligible for it by contacting the county and telling them he/she wants cash aid back; then doing what the county asks.

DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from:

Local Legal Aid Office: () _____

State Welfare Rights Organization: () _____

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

Monthly Cash Aid Amount for the Period _____ **through** _____

Section A. Countable Income

Total Self-Employment Income \$ _____

Self-Employment Expenses:

a. 40% Standard - _____

OR

b. Actual - _____

Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income

(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal = _____

Earned Income Disregard 50% - _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income

(from above). + _____

Other Nonexempt Income (Assistance Unit + Non-

Assistance Unit Members) + _____

..... + _____

Net Countable Income = _____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons

(Assistance Unit + Non-Assistance Unit Members) .. \$ _____

2. Special Needs (Assistance Unit + Non-Assistant

Unit Members) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = _____

5. Maximum Aid _____ Persons (Assistance Unit only)

(Excluding MFG, or Penalized Persons) \$

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal for the Period**

(Lowest Amount on Line 4 or 7) =

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Penalty(ies) - _____

Overpayment - _____

Cal-Learn Penalty(ies) - _____

Cal-Learn Bonus + _____

11. **Monthly Cash Aid Amount for the Period**

(Line 8 or 9 Adjusted) = _____

12. Current Cash Aid Amount (If This Amount Is more

Than #11, Your Cash Aid Will Not Change) = _____

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, as of _____,
we are changing your cash aid from \$_____ to \$_____.

We are lowering your cash aid because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to:

We will not pay for transportation, or work- or training-related expenses while you are off cash aid. We may pay for child care, if you work or attend school.

HOW TO GET BACK ON CASH AID

You can get back on cash aid, if you are eligible for it by contacting the county and telling them you want your cash aid back; then doing what the county asks.

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State Welfare Rights Organization: ()

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Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

Monthly Cash Aid Amount for the Period _____ through _____

Section A. Countable Income

Total Self-Employment Income \$ _____

Self-Employment Expenses:

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OR

b. Actual - _____

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Total Disability-Based Unearned Income

(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal = _____

Earned Income Disregard 50% - _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income

(from above) + _____

Other Nonexempt Income (Assistance Unit + Non-

Assistance Unit Members) + _____

..... + _____

Net Countable Income = _____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons

(Assistance Unit + Non-Assistance Unit Members) .. \$ _____

2. Special Needs (Assistance Unit + Non-Assistant

Unit Members) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = _____

5. Maximum Aid _____ Persons (Assistance Unit only)

(Excluding MFG, or Penalized Persons) \$ _____

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal for the Period**

(Lowest Amount on Line 4 or 7) = _____

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Penalty(ies) - _____

Overpayment - _____

Cal-Learn Penalty(ies) - _____

Cal-Learn Bonus + _____

11. **Monthly Cash Aid Amount for the Period**

(Line 8 or 9 Adjusted) = _____

12. Current Cash Aid Amount (If This Amount Is more

Than #11, Your Cash Aid Will Not Change) = _____

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, as of _____, we are taking you out of Welfare to Work.

We will not change your cash aid grant amount.

We are taking you out of Welfare to Work because you did not have a good reason for not doing what you agreed to do in the compliance plan that you signed. You agreed to: _____

We will not pay transportation, or work- or training-related expenses while you are out of Welfare to Work. We may pay for child care, if you work or attend school.

You may be able to get in Welfare to Work again at a later date. To find out when you may be able to participate again and what you must do, contact your Welfare to Work worker at the telephone number listed below.

Welfare to Work Worker's Name: _____

Telephone Number: _____

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

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If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

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You do not have to take part in the activities.

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My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

┌

└

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this notice tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

HOW TO STOP YOUR CASH AID FROM BEING CUT

As of _____, your family's cash aid will be lowered from \$ _____ to \$ _____, unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stop your cash aid from being lowered. If you do not agree to a compliance plan, you will not get another notice before your cash aid is lowered.

See the next page for more information about how we figured how much your family will get if your cash aid is lowered.

We will not pay for transportation, or work- or training-related expenses if you are off cash aid. We may pay for child care, if you work or attend school.

HOW TO GET BACK ON CASH AID

If your cash aid is lowered, you can get back on cash aid if you are eligible for it by contacting the county and telling them you want your cash aid back; then doing what the county asks.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL _____.

DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from:

Local Legal Aid Office: ()

State Welfare Rights Organization: ()

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

_____, our records show that you did not:

- ☐ Sign the Welfare to Work plan on _____.
- ☐ Participate in _____ on _____.
- ☐ Make good progress in your _____ activity because _____.
- ☐ Accept a job at _____.
- ☐ Keep your job at _____.
- ☐ Keep the same amount of earnings.

WE NEED TO TALK TO YOU

To keep your cash aid from being lowered, we must talk with you about this problem. An appointment has been made for you on _____, at _____ o'clock, at _____.

If you need transportation or child care to go to this meeting, call your Welfare to Work worker at the telephone number listed below.

Welfare to Work Worker's Name: _____

Telephone Number: _____

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by _____.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, your cash aid will not be lowered because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

Your cash aid will also not be lowered if you can show us that you should have been exempt at the time you did not do your Welfare to Work activity.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. Your cash aid will not be lowered if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, your cash aid will be lowered. If this happens, you will get a separate notice.

Rules: These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause); Food Stamps MPP § 63.407.521. You may review these rules at your welfare office.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

If you do not have a good reason for not doing what we asked you to do, or you do not agree to a compliance plan, your cash aid will change as of _____, as follows:

Notice Date _____
Case _____
Name _____
Number _____

Monthly Cash Aid Amount for the Period _____ through _____

Section A. Countable Income

Total Self-Employment Income \$ _____
Self-Employment Expenses:
 a. 40% Standard - _____
 OR
 b. Actual - _____
Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income
(Assistance Unit + Non-Assistance Unit Members) \$ _____
\$225 Disregard - _____
Nonexempt Unearned Disability-Based Income = _____
 OR
Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____
Net Earnings from Self-Employment (from above) + _____
Subtotal = _____
Unused Amount of \$225 Disregard (from above) - _____
Subtotal = _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability-Based Income
(from above) + _____
Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
_____ + _____
Net Countable Income = _____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) .. \$ _____
2. Special Needs (Assistance Unit + Non-Assistant
Unit Members) + _____
3. Net Countable Income from Section A - _____
4. Subtotal = _____
5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
8. **Full Month Aid Subtotal for the Period**
(Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Penalty(ies) - _____
 Overpayment - _____
 Cal-Learn Penalty(ies) - _____
 Cal-Learn Bonus + _____
11. **Monthly Cash Aid Amount for the Period**
(Line 8 or 9 Adjusted) = _____
12. Current Cash Aid Amount (If This Amount Is more
Than #11, Your Cash Aid Will Not Change) = _____

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this notice tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, our records show that you did not:

- ☐ Sign the Welfare to Work plan on _____.
- ☐ Participate in _____ on _____.
- ☐ Make good progress in your _____ activity because _____.
- ☐ Accept a job at _____.
- ☐ Keep your job at _____.
- ☐ Keep the same amount of earnings.

We will not change your cash aid grant amount.

WE NEED TO TALK TO YOU

To stay in Welfare to Work, we must talk with you about this problem. An appointment has been made for you on _____, at _____ o'clock, at _____. If you need transportation or child care to go to this meeting, call your Welfare To Work worker at the telephone number listed below.

Welfare to Work Worker's Name: _____

Telephone Number: _____

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by _____.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, we will not take you out of Welfare to Work because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. We will not take you out of Welfare to Work if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, we will take you out of Welfare to Work. If this happens, you will get a separate notice.

HOW TO STAY IN WELFARE TO WORK

As of _____, you will be taken out of Welfare to Work unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stay in Welfare to Work. If you do not agree to a compliance plan, you will not get another notice before you are taken out of Welfare to Work.

We will not pay for transportation, or work- or training-related expenses if you are not in Welfare to Work. We may pay for child care, if you work or attend school.

HOW TO GET BACK IN TO WELFARE TO WORK

If you are taken out of Welfare to Work, you may be able to get in again at a later date. To find out when you may be able to participate again and what you must do, call the county at _____.

DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from:

Local Legal Aid Office: () _____

State Welfare Rights Organization: () _____

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

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Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this notice tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, our records show that you did not:

- ☐ Sign the Welfare to Work plan on _____.
- ☐ Participate in _____ on _____.
- ☐ Make good progress in your _____ activity because _____.
- ☐ Accept a job at _____.
- ☐ Keep your job at _____.
- ☐ Keep the same amount of earnings.

WE NEED TO TALK TO YOU

To keep your cash aid from being lowered, we must talk with you about this problem. An appointment has been made for you on _____, at _____ o'clock, at _____. If you need transportation or child care to go to his meeting, call your Welfare to Work worker at the telephone number listed below.

Welfare to Work Worker's Name: _____

Telephone Number: _____

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by _____.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, your cash aid will not be lowered because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

Your cash aid will also not be lowered if you can show us that you should have been exempt at the time you did not do your Welfare to Work activity.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. Your cash aid will not be lowered if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, your cash aid will be lowered. If this happens, you will get a separate notice.

Rules: These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

HOW TO STOP YOUR CASH AID FROM BEING CUT

As of _____, your family's cash aid will be lowered from \$ _____ to \$ _____, unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stop your cash aid from being lowered. If you do not agree to a compliance plan, you will not get another notice before your cash aid is lowered.

See the next page for more information about how we figured how much your family will get if your cash aid is lowered.

We will not pay for transportation, or work- or training-related expenses if you are off cash aid. We may pay for child care, if you work or attend school.

HOW TO GET BACK ON CASH AID

If your cash aid is lowered, you can get back on cash aid if you are eligible for it by contacting the county and telling them you want your cash aid back; then doing what the county asks.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL _____.

The family's other parent, _____, may also get cash aid again if he/she is eligible for it by contacting the county and telling them he/she wants cash aid back; then doing what the county asks.

DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from:

Local Legal Aid Office: () _____

State Welfare Rights Organization: () _____

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

If you do not have a good reason for not doing what we asked you to do, or you do not agree to a compliance plan, your cash aid will change as of _____, as follows:

Notice Date _____
Case _____
Name _____
Number _____

Monthly Cash Aid Amount for the Period _____ through _____

Section A. Countable Income

Total Self-Employment Income \$ _____
Self-Employment Expenses:
a. 40% Standard - _____
OR
b. Actual - _____
Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income
(Assistance Unit + Non-Assistance Unit Members) \$ _____
\$225 Disregard - _____
Nonexempt Unearned Disability-Based Income = _____
OR
Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____
Net Earnings from Self-Employment (from above) + _____
Subtotal = _____
Unused Amount of \$225 Disregard (from above) - _____
Subtotal = _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability-Based Income
(from above) + _____
Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____
_____ + _____
Net Countable Income = _____

Section B. Your Cash Aid

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . . \$ _____
2. Special Needs (Assistance Unit + Non-Assistant
Unit Members) + _____
3. Net Countable Income from Section A - _____
4. Subtotal = _____
5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
8. **Full Month Aid Subtotal for the Period**
(Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Penalty(ies) - _____
Overpayment - _____
Cal-Learn Penalty(ies) - _____
Cal-Learn Bonus + _____
11. **Monthly Cash Aid Amount for the Period**
(Line 8 or 9 Adjusted) = _____
12. Current Cash Aid Amount (If This Amount Is more
Than #11, Your Cash Aid Will Not Change) = _____

REQUEST TO STOP A WELFARE TO WORK SANCTION

INSTRUCTIONS TO THE CLIENT: Your family gets less cash aid because of a Welfare to Work sanction. If you want your sanction to stop, you can fill out this form and return it to your Welfare to Work worker right away.

Instead of filling out this form and mailing it to your Welfare to Work worker, you can also call your worker to tell him or her that you want your sanction to stop. If you do not know your worker's address or telephone number, call the county at: _____ .

REQUEST TO STOP A WELFARE TO WORK SANCTION

To stop my sanction, I must agree to do what the county says about meeting Welfare to Work rules.

This means that I must do an activity assigned in a "Plan To Stop A Welfare To Work Sanction" for up to 30 calendar days from the date that I sign the plan or for the length of the activity, whichever is shorter.

To stop my sanction, I understand that the county cannot ask me to do an activity for a time longer than the length of the activity that led to my sanction.

I also understand that if the activity that the county asked me to do before is no longer available or right for me, I must do other activities to stop my sanction.

NAME (PLEASE PRINT):	SIGNATURE:	
CASE # OR SOCIAL SECURITY #:	PHONE #: ()	DATE:
WELFARE TO WORK WORKER'S NAME (PLEASE PRINT):		

DO YOU NEED FREE LEGAL HELP?

You can get free legal help with this matter from the following:

State Welfare Rights Organization

Local Legal Aid Office

Phone #: ()	Phone #: ()